

## Virginia Conrad 30 Waiver Program ~ Application Checklist

- All Virginia Conrad 30 Visa Waiver applications and copies must be submitted to VDH.
  - The U.S Department of State assigned number shall be affixed to each form on the bottom right corner.
  - Incomplete applications will be returned and will not be reviewed.
  - Alphabetical insertable tabs with dividers are required to identify each section.
- Note: Please see the Conrad 30 Waiver Program Guidelines for clarifications.**

TAB	ITEM	CHECK✓
<b>A</b>	G-28 or letter from law office	
<b>B</b>	DS-3035 Review Application Form	
	DOS Waiver Review File Number Sheet DOS Number: _____	
<b>C</b>	Letter from the employer to VDH. A letter requesting that VDH act as a "Public Interest" that the visitors remain in the US.	
<b>D</b>	Contract between employer and J-1 Physician shall include the following:	
	A term of three years or longer.	
	A clause requiring the J-1 physician to provide direct patient care for 40 hours per week in not less than a four-day period or for specialists and hospitalists 160 hours per month. Please select the number of hours that is reflected in your contract. Please select: <input type="checkbox"/> 40 hours per week in not less than a four-day period or <input type="checkbox"/> 160 hours per month	
	Employer/Sponsor and practice site's physical address, phone number and email address.	
	Compensation based on prevailing wage	
	Vacation/Leave/Disability leave and other	
	Agreement to begin employment at an approved practice site within 90 days of receipt of the waiver.	
	Provide list of Benefits and Insurance	
	Termination (shall not contain at will policy and can only be for cause not mutual agreement.)	
	Non-compete clause cannot be included.	
	A statement from the employer indicating that the employer and its principals, such as owners, administrators, or medical directors are not under investigation, indictment or conviction for violations of federal, state, or local laws, J-1 visa waiver requirements, or ordinances related to the medical practice.	
	If included, liquidated damage clause cannot exceed \$250,000	
	Statement of J-1 Physician agreeing to the contractual requirements set forth in Section 214(l)(1) and (a) of the Immigration and Nationality Act	
<b>E</b>	Employer's information: name, physical address, phone number and email address	
	Practice Site's : Please enter Medicaid provider number: _____ and Medicare provider number: _____	
	Sliding Fee Scale, Charity Care Policy, and written policy and procedure to accept all patients regardless of the ability to pay	
<b>F</b>	Specific work schedule including hours per week or month, practice site's name, physical address, phone number, email address and supervisor's name. (This may be different from the employer's information.)	
<b>G</b>	Practice site(s)' information: name, physical address, phone number, email address and name of supervisor. (This may be different from the employer's address.)	
<b>H</b>	Virginia Conrad 30 Waiver Program J-1 Physician Assurances ( Attachment1 )	

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<b>I</b>	Legible copied of the applicant's D-2019/IAP-66 forms, covering every period the applicant was in J-1 status. They must be submitted in chronological order.	
<b>J</b>	I-94 Entry and Departure Cards and/or Passport documentation	
<b>K</b>	For designated slots, provide proof of HPSA, MUA/MUP federal ID must be included. For discretionary slots, the specific community need is listed on VDH's website.	
	Please select the type of slot you are applying for: <input type="checkbox"/> Designated slot <input type="checkbox"/> Discretionary slot	
<b>L</b>	Curriculum Vitae and Diplomas/Certificates of J-1 Physician	
	USMLE ≡ Step 1: _____ Step 2: _____ Step 3: _____	
	Please enter description of the applicant's discipline and specialty: _____	
	If the applicant is still in a residency program, please indicate the anticipated completion date: _____	
<b>M</b>	Copy of Virginia medical license or letter verifying that the application is in process. Please enter License Number: _____ If no license, please attach letter.	
	ECFMG Certificate	
	Documentation of Board Certification or Board Eligibility	
<b>N</b>	Three letters of recommendation in support of the waiver applicant's professional abilities and qualifications from community leaders. See guidelines for list.	
<b>O</b>	Practice site and program description, (Attachment 2), or if the practice site is in development (Attachment 3).	